APPLICATION FOR DUPLICATE LICENSE

Iowa Department of Public Health/Professional Licensure Bureau Lucas Office Bldg., 5th Floor, 321 E. 12th Street, Des Moines, IA 50319-0075 www.idph.state.ia.us/licensure

		First Name and Middle Name
1Last Name		
3Current Mailing Address		City, State, Zip Code
4. Profession & License Number	5	E-Mail Address
6	7 Date of Birth	Social Security Number
Answer the question(s) below for the dupli	icate you are requesting. Incor	mplete applications will be returned.
Reason for request for a duplicate wallet c	card. The fee is \$20.00. Make che	eck/money order payable to your licensing boar
□ Lost.		g
☐ Stolen.		
Destroyed.		
☐ Did not receive the original w		
Approximate date card(s) was lost,	, stolen, or destroyed (<i>if applied</i>	able)
□ Lost.		e check/money order payable to your licensing
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